of Tennessee

BlueCross BlueShield of Tennessee

eBusiness User Companion Guide

APRIL 2013

Disclosure Statement

The information in this document is subject to change. Changes will be posted on the BlueCross BlueShield of Tennessee website located at http://www.bcbst.com/providers/ecomm/.

Preface

The Health Insurance Portability and Accountability Act (HIPAA) requires covered entities, including health insurance payers, in the United States to comply with the EDI standards for health care as defined in the ANSI Version 5010 Implementation Guides.

The following information is intended to serve as a companion document to the HIPAA ANSI Version 5010 Implementation Guides for the following transactions: ASC X12N 837P, ASC X12N 837I, ASC X12N 837D, ASC X12N 270/271, ASC X12N 276/277 and ASC X12N 835. The use of this document is solely for the purpose of clarification on electronic transactions with BCBST.

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1. INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires covered entities, including health insurance payers, in the United States to comply with the Electronic Data Interchange (EDI) standards for health care as defined in the ANSI Version 5010 Implementation Guides when exchanging health care information.

BlueCross BlueShield of Tennessee (BCBST) has created a convenient and secure eBusiness environment to meet the needs of health care professionals. With eBusiness, providers can access eligibility and benefit details, submit electronic claims, and perform many other activities to help increase administrative efficiency.

1.1 Purpose

The eBusiness user companion guide is intended to provide information regarding the exchange of health care information with BlueCross BlueShield of Tennessee (BCBST) and will assist providers/vendors with setup and utilization of EDI tools and services. The following pages offer detailed information on electronic claims submission, reports, electronic remittance advices (ERA), www.bcbst.com, and other data exchange information.

1.2 References

In addition to this guide, users may need to refer to:

- ANSI Version 5010 Implementation Guides which are available on the Washington Publishing website, www.wpc-edi.com. These guides contain the standards and specifications used to exchange health information electronically.

- CAQH CORE Companion Guides, available on our website http://bluecore.bcbst.com. These companion guides will assist users with real-time and batch CORE transactions.

2. GETTING STARTED

Providers may submit claims directly, without the assistance of a third-party, or they may use a vendor such as a clearinghouse or billing agency. All claim files must be formatted in the ANSI-837 Version 5010 format.

2.1 Electronic Filing Options

Direct Submission: Any provider using software capable of creating an ANSI-837 claim may file electronic claims directly to BCBST. Providers should direct questions regarding the capabilities of software to the software vendor.

Indirect Submission: Providers may utilize a third party vendor such as a clearinghouse or billing agency to submit claims. An Approved Vendors list is available on our site listing third party vendors currently trading EDI data with BCBST.

2.2 Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, software vendor, etc.) that transmits electronic data to or receives electronic data from another entity. Any entity trading EDI data with BCBST must first be set up as a valid trading partner.

While BCBST will accept HIPAA compliant transactions from any covered entity, HIPAA security mandates require established procedures in order to secure access to data. As a result, BCBST has a process by which we establish an Electronic Trading Partner relationship:

- First, an Electronic Enrollment Form must be submitted.

- eBusiness Enrollment then issues a confirmation letter containing the trading partner ID and the user ID, password and filename required to submit transactions through the BCBST Secure File Gateway (SFG).

Providers who choose to submit claims electronically must complete an Electronic Provider Profile Form. All vendors are required to complete an Electronic Vendor Profile Form. Please review the specific instructions on these forms before completing and returning them.

An Electronic Profile form must also be completed in the following situations:

- Provider who currently submits through vendor now wants to submit directly.

- When a submitter needs to request access to SFG for a new user due to staffing changes.

Providers changing Tax ID or name should contact eBusiness Enrollment at 800-924-7141 for the appropriate paperwork.

BCBST electronic profile forms are available by visiting our website at http://www.bcbst.com/providers/ecomm/getting_started/index.shtml or by contacting eBusiness Enrollment at 1-800-924-7141.

The completed forms may be faxed to (423) 535-7523 or mailed to:

> BCBST
> Attn: Provider Network Services
> 1 Cameron Hill Circle, Suite 0007
> Chattanooga, TN 37402-0007

3. TESTING WITH THE PAYER

Testing is not required at this time.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

There are several methods of filing claims electronically. This section will explain these methods in detail.

BCBST Secure File Gateway (SFG)

Users can submit electronic claims and download electronic reports using the following secure managed file transfer protocols: HTTPS, SFTP, and FTPS.

•   HTTPS Website – Using the BCBST Secure File Gateway (SFG), users can submit electronic claims and download reports using their web browser. No special software or hardware is required. See section 4.2 Transmission Administrative Procedures for assistance with BCBST Secure File Gateway.

•   SFTP - SFG allows users to automate submitting electronic claims and downloading electronic reports using their own secure FTP client. See section 4.4 Communication Protocol Specifications of this guide for specifics.

•   FTPS – SFG also allows users to automate submitting electronic claims and downloading electronic reports using the FTP over SSL protocol. See section 4.4 Communication Protocol Specifications of this guide for specifics.

BCBST will work with any vendor or provider that would like to submit electronic claims. All new submitters must complete enrollment procedures before filing claims electronically. For additional information see section 2.2 Trading Partner Registration of this guide or contact the eBusiness Service Center at (423) 535-5717 option 2, Monday through Thursday 8 a.m. to 5:15 p.m. (EST) and Friday 9 a.m. to 5:15 p.m. (EST).

Note: BCBST does not charge a fee for processing electronic transactions.

Real Time Claim Estimation/Adjudication (RTCA)

Real-time Claim Adjudication (RTCA) is a free web-based tool that allows providers who register with BlueAccess, the secure area of www.bcbst.com, to submit a medical claim and/or estimate patient liability for most lines of business (currently excludes BlueCard). No additional hardware or software is required. To learn how to submit claims through the RTCA application, please refer to the Quick Reference Guide on our website:
https://www.bcbst.com/providers/ecomm/ebusinessMarketing/RTCA_Quick_Reference.pdf

CHOICES Web Portal

CHOICES claims can be submitted on BlueAccess, the secure area of www.bcbst.com, using the CHOICES Web Portal. The CHOICES Web Portal is only available for long-term care providers rendering services for BlueCare members enrolled in the CHOICES program.

For information about the CHOICES program, please visit our website:
http://www.bcbst.com/providers/bluecare-tenncareselect/choices/index.shtml

For information about the CHOICES Web Portal, please reference the following tutorial:
http://www.bcbst.com/providers/bluecare-tenncareselect/choices/CHOICES_Web_Portal_Tutorial.pdf

4.1 EDI Claim Process Flow

```
                        ┌─────────────┐
                        │    BCBST    │                    ┌──────────────────────────┐
                        └─────────────┘                    │ During this stage a 999  │
                               │                           │ Acknowledgment report is │
                               ▼                           │ created and returned to  │
                        ┌─────────────┐                    │ the submitter. If the    │
                        │ COMPLIANCE  │                    │ 999 contains rejections, │
   ┌──────────┐         │    (999)    │                    │ then the file must be    │
   │ TRADING  │         └─────────────┘                    │ corrected and            │
   │          │                │                           │ resubmitted. If the file │
   │ PARTNER  │                ▼                           │ is accepted, it will     │
   └──────────┘         ┌─────────────┐                    │ continue to the          │
                        │    CLAIM    │                    │ validation stage.        │
                        │  VALIDATION │                    └──────────────────────────┘
                        │   (277CA)   │
                        └─────────────┘                    ┌──────────────────────────┐
                               │                           │ During this stage a      │
                               ▼                           │ 277CA report is sent to  │
                        ┌─────────────┐                    │ the submitter. Any       │
                        │ADJUDICATION │                    │ claims rejected must be  │
                        └─────────────┘                    │ corrected and            │
                               │                           │ resubmitted. Accepted    │
                               ▼                           │ claims will continue to  │
                        ┌─────────────┐                    │ adjudication.            │
                        │ REMITTANCE  │                    └──────────────────────────┘
                        │   ADVICE    │
                        └─────────────┘
```

Legend:
- Inbound ───── (green)
- Outbound ───── (orange)
- Note/Action ───── (blue)

4.2 Transmission Administrative Procedures

Once Trading Partner registration is complete and a user id and password is obtained, users may transmit EDI claims to BCBST using the BCBST Secure File Gateway (SFG). Those who do not use SFTP or FTPS protocols may connect to SFG using their web browser.

For assistance with SFG, click on the topic you would like to view below.

Signing into BCBST File Gateway
Search Function
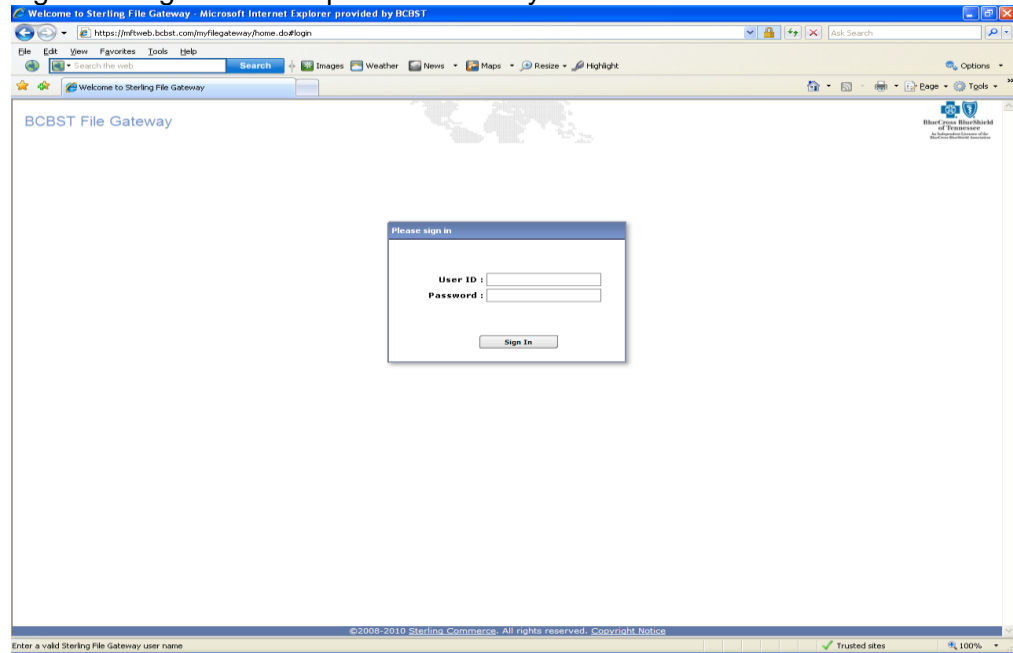Upload file to BCBST
Download file from BCBST
Change password
Sign Out

Signing into BCBST Secure File Gateway (SFG)

The BCBST Secure File Gateway (SFG) is located at
https://mftweb.bcbst.com/myfilegateway.
Sign in using the ID and password from your confirmation letter.

Search Function

When you first login to BCBST Secure File Gateway (SFG), you will be directed to the "Search Criteria" page where you can search for files that you've submitted to BCBST. When you submit a file, you are the producer. In the "Producer" drop down box, select your user id. You can use the additional fields to narrow your search.
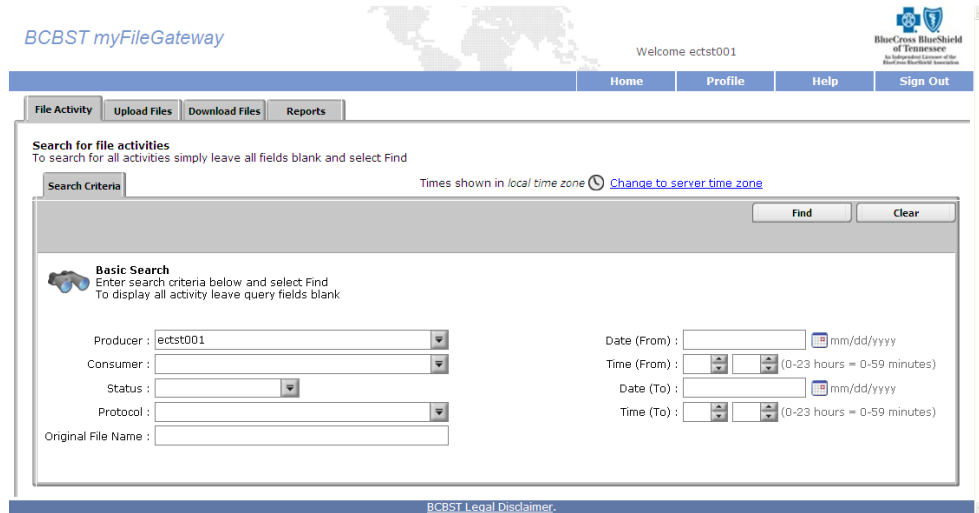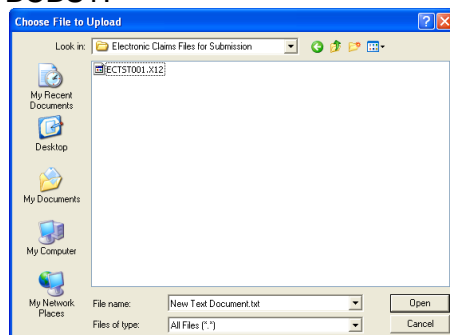

Upload file to BCBST

To upload a file, select the "Upload Files" tab at the top of the page.
In the "Mailbox Path" drop down box select your "/Inbox."
(Do not choose any other option or your files will not be sent to BCBST.)
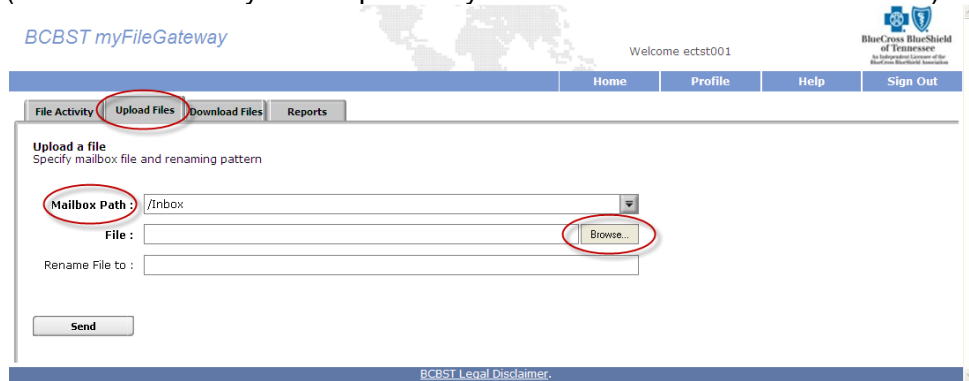

In the "File:" field, click "Browse" and locate the file that you want to send to BCBST.

Once you have selected the file you want to upload, click the "Send" button.
(If your filename does not match the *MAILBOX.X12* naming convention, you can change your filename by entering a new one into the "Rename File to:" field.)
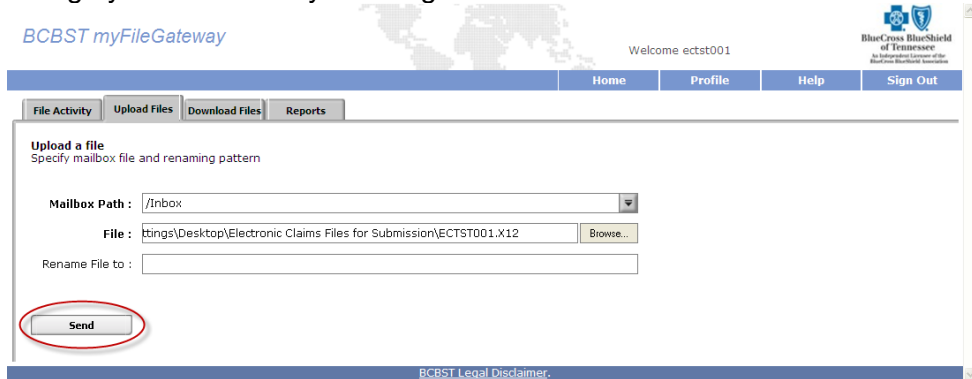
Wait for the "Waiting for messages to process" message to display "File upload succeeded with x bytes written and Messageid of xxxxxxx."
Do not click close until the file has been submitted successfully.
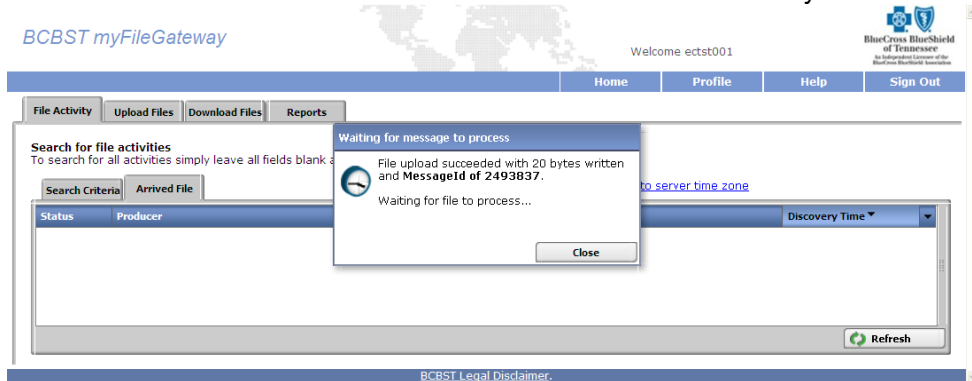
After files have been submitted successfully, they will appear under the "Arrived File" tab.
(You may need to select "Search Criteria" tab, and search for submitted files to refresh the data.)
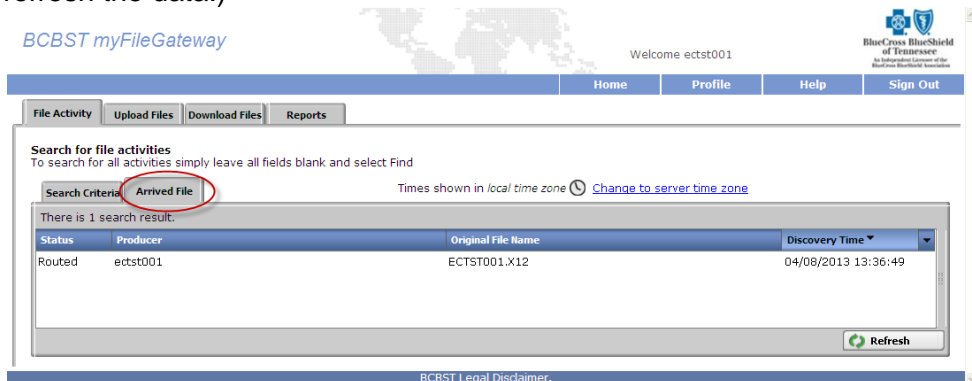
Downloading a file from BCBST

To download a file from SFG, click on the "Download File" tab at the top left side of the page. In the frame you will see a listing of your files to download. Click on the name of the file that you want to download.

IMPORTANT: You should receive 2 reports for every claim file that is successfully submitted to BCBST, a 999 Acknowledgement report and a 277CA Claim Acknowledgment. For more information on reports, see section 8. ACKNOWLEDGEMENT AND REPORTS.
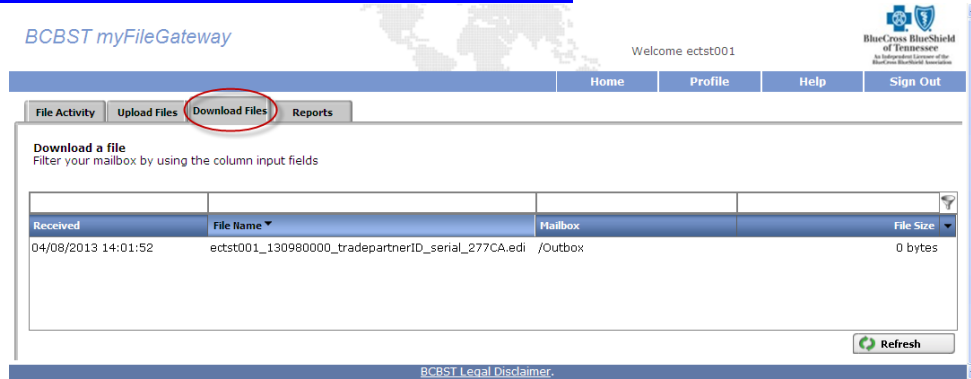
Click "OK" to confirm your download.
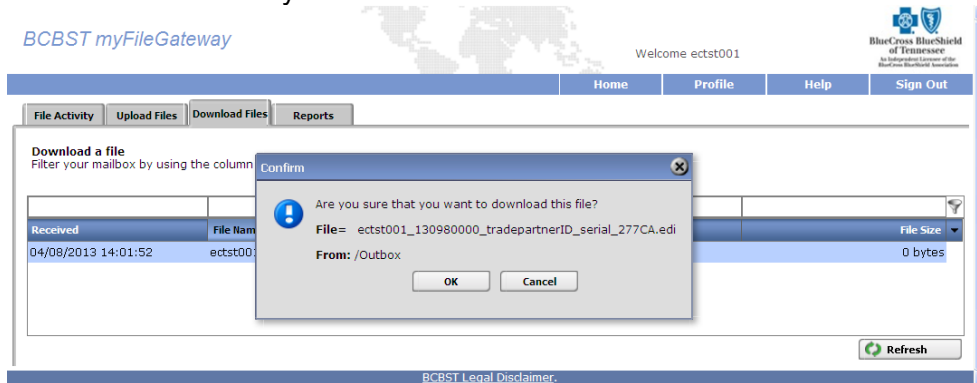
A "File Download" box will appear. Click "Save".
Browse to the destination on your computer that you would like to save the file. Click "Save".
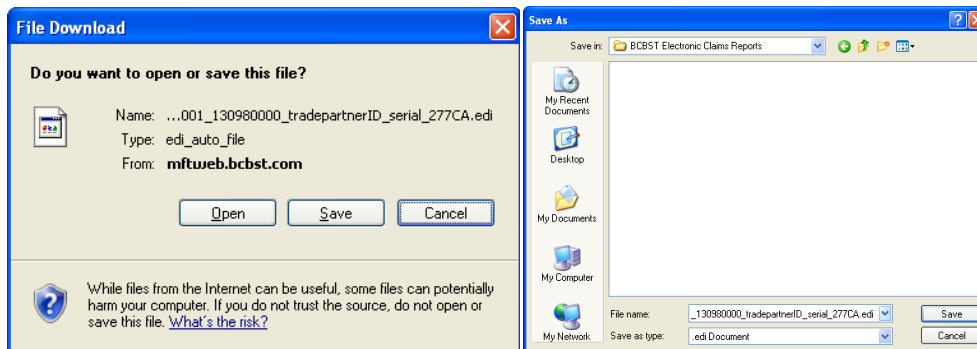
Change Password

To change your password, click on the "Profile" tab at the top right hand side of the page. Then click on the "Password" tab at the top left hand side. You will need to enter your current password and then type your new password twice. Click "Save" when complete.
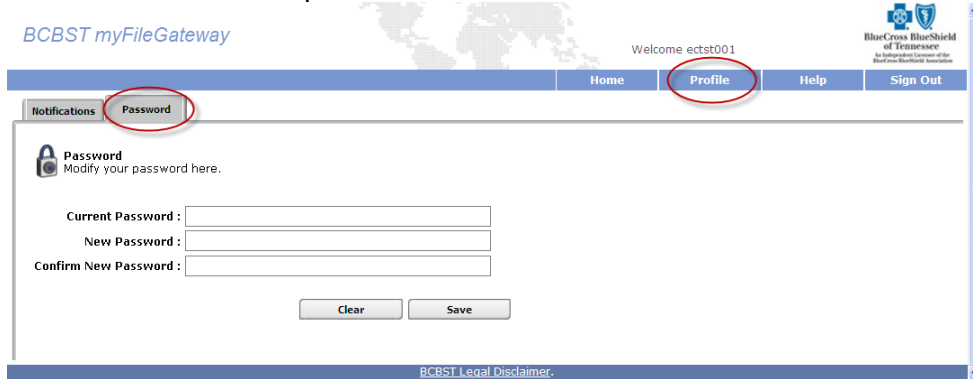
Sign Out

When your file transfers are complete, click the "Sign Out" tab at the top right hand side of the page. When the "Confirm" box appears, click "OK".

BlueAccess

BlueAccess enables providers to view information in a secure online environment. BlueAccess affords providers the following benefits:

- Administrative simplification
- Eliminates unnecessary paperwork
- Reduces costs
- 24/7 access
- No sign-up fees
- User-friendly
- Secure
- No hold or wait times
- Convenient

Using BlueAccess providers can:

- Check Claim Status
- Verify Benefits, Eligibility and Coverage Details
- Submit Claims (RTCA)
- View/Print Remittance Advice
- Submit/Update Prior Authorizations
- and Much More

Registering for BlueAccess

Registration instructions can be found here. Each user is required to create an individual account. Once registered, users will be able to access all available applications.

4.3 Re-Transmission Procedure

Re-transmission of an accepted file could result in duplicate claim denials on the 277CA report. Submitters can retransmit files at their discretion. However, we strongly suggest submitters review their 999 acknowledgement reports. Any rejections should be corrected and resubmitted immediately to ensure timely filing.

4.4 Communication Protocol Specifications

HTTPS Website - https://mftweb.bcbst.com/myfilegateway
SFTP - server mftsftp.bcbst.com
FTP/SSL – server mftftps.bcbst.com

FTP/SSL Connection Setup:
Address: mftftps.bcbst.com
Inbound Port: 990
Outbound Data Port Range: 10880-10980
Mode: Passive

SFTP Connection Setup:
Address: mftsftp.bcbst.com
Inbound Port: 1022
Current Authentication: Password
Mailbox Directory Structure:
- /Inbox
- /Outbox
We currently only support password authentication for inbound connections. We expect to support key-based authentication in the future.

4.5 Passwords

Passwords expire every 45 days and must be changed using the BCBST File Gateway website. See the Change Password section for specific instructions.

Passwords must be at least 8 characters long and are required to contain a numeral, capital and lowercase letter, and at least one of the following characters: !, @, #, $, %, ^, &, or *.

5. CONTACT INFORMATION

For Questions About	Contact	Telephone Number Fax Number E-mail Address Hours of Operation
Enrollment – Obtaining forms, status or modification of demographic information.	eBusiness Enrollment/System Configuration	1-800-924-7141 (Voice options: "Contracting" then "Enrollment") 423-535-7523 (Fax) ecomm_sysconfig@bcbst.com Mon. –Fri., 8 a.m. to 5 p.m. (EST)
Marketing – Website use (claim status inquiry, member benefits and eligibility inquiry, pre-authorization submission, claim submission, real time claim adjudication)	eBusiness Marketing	423-535-3057 423-535-3334 (Fax) eBusiness_Marketing@bcbst.com Mon.-Thurs., 8 a.m. to 5:15 p.m. (EST) Fri., 9 a.m. to 5:15 p.m. (EST)
Technical Support - Connectivity, specifications format, electronic claims submission and/or claim acknowledgement reports, electronic remittance advice, EFT, bcbst.com, BlueAccess or any additional technical questions or assistance.	eBusiness Service Center	423-535-5717 Option 2 423-535-1922 (Fax) eBusiness_service@bcbst.com Mon.-Thurs., 8 a.m. to 5:15 p.m. (EST) Fri., 9 a.m. to 5:15 p.m. (EST)

6. CONTROL SEGMENTS/ENVELOPES

Interchange Control (ISA/IEA) and Function Group (GS/GE) envelopes must be used as described in the national implementation guides.   BCBST's expectations for inbound ISA & GS and a description of data elements are detailed this section.

6.1 ISA-IEA

ISA - Interchange Control Header (Inbound)

Loop ID	Reference	Name	Codes	Notes/Comments
ISA		Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	Always 00
	ISA02	Authorization Information		This element must be filled with spaces.
	ISA03	Security Information Qualifier	00	Always 00
	ISA04	Security Information		This element must be filled with spaces.
	ISA05	Interchange ID Qualifier	ZZ	
	ISA06	Interchange Sender ID		Trading Partner Agreement ID
	ISA07	Interchange ID Qualifier	ZZ	
	ISA08	Interchange Receiver ID	00390	Always 00390
	ISA09	Interchange Date		The date format is YYMMDD.
	ISA10	Interchange Time		The time format is HHMM.
	ISA11	Repetition Separator		This value must be different than the data element separator, component element separator, and the segment terminator
	ISA12	Interchange Control Version Number	00501	
	ISA13	Interchange Control Number		This must be unique for each submitted interchange.
	ISA14	Acknowledgment Requested	0 or 1	0 -- No Interchange Acknowledgment Requested 1-- Interchange Acknowledgment Requested (TA1)
	ISA15	Interchange Usage Indicator	P or T	P-Production Data T-Test Data
	ISA16	Component Element Separator		This value must be different than the data element separator and the segment terminator

6.2 GS-GE

GS – Functional Group Header (Inbound)

Loop ID	Reference	Name	Codes	Notes/Comments
GS		Functional Group Header		
	GS01	Functional Identifier Code	HC	837 Transactions
	GS02	Application Sender's Code		Trading Partner Agreement ID; must match ISA06
	GS03	Application Receiver's Code	00390	Always 00390
	GS04	Group Creation Date		Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.
	GS05	Group Creation Time		The format is HHMM.
	GS06	Group Control Number		This must be unique.
	GS07	Responsible Agency Code	X	Accredited Standards Committee X12
	GS08	Version / Release / Industry Identifier Code		Must match TP agreement form.

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

7.1 File naming convention

When submitting files electronically, the file type must be *.X12* and the transaction filename should comply with the following naming convention:

MAILBOX_NAME.X12

MAILBOX_NAME corresponds to the actual mailbox name assigned to the trading partner. The mailbox name is returned to the trading partner in the confirmation letter.

The only characters allowed within a filename are letters, numbers, and underscores.

7.2 Payer ID

The BCBST electronic payer ID is 00390.

7.3 Submitting Corrected Claims Electronically

Providers are encouraged to share the following guidelines with their electronic vendor to assist in the submission of Corrected Claims to BlueCross BlueShield of Tennessee in the ANSI-837 Version 5010 Professional and Institutional electronic formats.

<u>ANSI-837 Version 5010 (Professional & Institutional)</u>

Both items listed below must be completed for an ANSI-837 Version 5010 claim to be considered a corrected claim.

1. The claim frequency type code [Loop 2300 | CLM5-3] must indicate one of the following qualifier codes:

- "7" – REPLACEMENT (Replacement of Prior Claim)
- "8" – VOID (Void/Cancel of Prior Claim)

2. The original reference number, or ICN/DCN, [Loop 2300 | REF02] must include the original claim number issued to the claim being corrected. The original claim number can be found on the remittance advice.

- REF01 must contain 'F8'
- REF02 must contain the original BCBST claim number
  Example: REF*F8*EPD123456789~

3. In the free-form claim notes [Loop 2300| NTE02], include the explanation for the corrected/replacement claim.

- NTE01 must contain 'ADD'
- NTE02 must contain the free-form note indicating the reason for the corrected replacement claim.
  Example: NTE*ADD*CORRECTED PROCDURE CODE ON LINE 3

7.4 Submitting Secondary Claims Electronically

To ensure that secondary/tertiary claims are paid appropriately, the coordination of benefits (COB) information must be submitted in compliance with ANSI Version 5010 standards.

COB information may include the following:
LOOP ID 2320 - OTHER SUBSCRIBER INFORMATION
LOOP ID 2330A - OTHER SUBSCRIBER NAME
LOOP ID 2330B - OTHER PAYER NAME
LOOP ID 2330C - OTHER PAYER REFERRING PROVIDER
LOOP ID 2330D - OTHER PAYER RENDERING PROVIDER
LOOP ID 2330E - OTHER PAYER SERVICE FACILITYLOCATION
LOOP ID 2330F - OTHER PAYER SUPERVISING PROVIDER
LOOP ID 2430 - LINE ADJUDICATION INFORMATION

Minimum requirements for submitting electronic secondary claims include the following:

Payer Responsibility Sequence Number Code [Loop 2320 | SBR01]
Submit code identifying the payer's sequence of responsibility for payment.
When more than one payer exists, a unique value must be used for each payer.

> Example Sequence Number Codes:
> - P - Primary
> - S - Secondary
> - T - Tertiary

Payer Paid Amount [Loop ID 2320 | AMT02]
Submit primary payer's total paid amount.

CAS Adjustment Information [Loop 2320 or 2430 | CAS]
Submit other payer claim adjustment (CAS) group and reason codes with the corresponding monetary amounts.

> Example CAS Group Codes:
> - CO - Contractual Obligations
> - PR - Patient Responsibility
>
> Example Claim Adjustment Reason Codes (CARC):
> - 1 - Deductible
> - 2 - Coinsurance

Claim Check or Remittance Date [Loop 2330B | DTP (573)]
Submit other payer check or remittance date.

Additional Helpful Information

- The primary payer paid amount represents the actual paid amount of the other payer (located on the 835 ERA, loop 2100 | CLP04).
- Claim adjustment (CAS) segments explain any variance between the paid amount and the total charge. CAS information may apply to the entire claim (located in the 835 ERA, loop 2100 | CAS) or each line item (located in the 835 ERA, loop 2110 | CAS).
- A complete list of claim adjustment group and reason codes can be found at www.wpc-edi.com.
- Amounts must balance (Payer payment = Sum of payment amounts – Sum of adjustment amounts).
- BCBST strongly recommends sending claim payment information at the line level if that data is available.

8. ACKNOWLEDGEMENT AND REPORTS

BCBST will return a 999 Implementation Acknowledgment report to submitters to indicate if the file was accepted and compliant. Entities submitting electronic claims to BCBST are responsible for reviewing acknowledgement reports, correcting errors, and resubmitting claims when necessary.

Additionally, BCBST returns a 277CA Claim Acknowledgment report indicating individual claims that have been rejected. It is vital that submitters and providers review these reports to determine if all claims have been accepted. Any rejected claims must be corrected and resubmitted.

All reports can be retrieved electronically from the submitter's electronic mailbox using the BCBST Secure File Gateway. For more information on how to retrieve files, see section 4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS.

8.1 Implementation Acknowledgement For Health Care Insurance (999)

The 999 report is generated for all transactions received with a valid interchange. It informs the submitter that the file arrived at BCBST and includes information about the syntactical quality of the file and implementation guide compliance. ***This report does not serve as proof of timely filing***.

The 999 is not easily readable in its native form and may require the use of translating software to assist users in understanding rejections.

Below is an example of a 999 Acknowledgement report for a compliant file.

```
ISA*00*      *00*      *ZZ*00390      *ZZ*123456789 *121228*1440*^*00501*000056543*0*P*
GS*FA*00390*123456789*20121228*1440*56543*X*005010X231A1
ST*999*1  *005010X231A1
AK1*HC*56543*005010X222A1
AK2*837*000000001*005010X222A1
IK5*A
AK9*A*1*1*1
SE*6*1
GE*1*56543
IEA*1*000056543
```

How can I tell if my file was accepted or rejected?
•   A Transaction Set Acknowledgement Code (IK501) of 'A' indicates that the batch transaction passed compliance and was accepted. For this Transaction Set Acknowledgement Code (IK501) the Functional Group Acknowledgment Code (AK901) will have a value of 'A'-Accepted.

```
IK5*A
AK9*A*1*1*1
```

•   A Transaction Set Acknowledgement Code (IK501) of 'E' indicates that the batch transaction set was partially accepted; the claims or inquiries that passed compliance were accepted for processing. For this Transaction Set Acknowledgement Code (IK501) the Functional Group Acknowledgement Code (AK901) will have a value either of 'E' – Accepted, but errors were noted or 'P' – Partially Accepted, At Least One Transaction Set Was rejected.

```
IK5*E
AK9*E*1*1*1   or

AK9*P*1*1*1
```

•   A Transaction Set Acknowledgement Code (IK501) of 'R' indicates that the entire batch transaction was rejected as non-compliant. For this Transaction Set Acknowledgement Code (IK501) the Functional Group Acknowledgement Code (AK901) will have a value of 'R' – Rejected.

```
IK5*R
AK9*R*1*1*1
```

***A rejection on the 999 Acknowledgment indicates that one or more of your claims are not in a compliant format. The claim(s) will not be considered received and must be corrected and resubmitted.**

8.2 Health Care Claim Acknowledgement (277CA)

The ANSI Version 5010 Health Care Claim Acknowledgment (277CA) is a business application level acknowledgment for the ANSI Version 5010 Health Care Claim (837) transaction(s). This report acknowledges the validity and acceptability of claims prior to adjudication and is performed to quickly inform providers of claims containing incorrectly formatted data or missing information. Because the report is returned to the submitter within moments of submission, claims can be corrected and resubmitted more quickly.

The 277CA acknowledges receipt of claims and contains an electronic control number (ECTN) that can be used as proof of timely filing. The 277CA is not easily readable in its native format. Many offices use their own software or third-party services (i.e. clearinghouses) to assist in translating the 277CA report.

Below is an example of a 277CA Claims Acknowledgement.

```
ISA*00*        *00*        *ZZ*00390        *ZZ*123456789    *121228*0946*^*00501*236300098*0*P*:
GS*HN*00390*123456789*20121228*0946*236300098*X*005010X214
ST*277*0001*005010X214
BHT*0085*08*123630200-236300098*20121228*09460956*TH
HL*1**20*1
NM1*PR*2*BLUE CROSS BLUE SHIELD OF TN*****46*00390
TRN*1*123630200000098000056544
DTP*050*D8*20121228
DTP*009*D8*20121228
HL*2*1*21*1
NM1*41*2*John Doe*****46*1234567890
TRN*2*56544X1
STC*A1:19:PR*20121228*WQ*426
QTY*90*2
AMT*YU*426HL*3*2*19*1
NM1*85*1*John Doe*K***XX*1234567890
TRN*1*0
STC*A1:19:PR**WQ*426
QTY*QA*2
AMT*YU*426HL*4*3*PT
NM1*QC*1*DOE*SALLY*J***MI*ZXD123456789
TRN*2*RED137233
STC*A2:20:PR*20121228*WQ*60
REF*1K*12345P67890
DTP*472*RD8*20120919-20120919
HL*5*3*PT
NM1*QC*1*DOE*JANE*L***MI*ZEB123456789
TRN*2*RED138610
STC*A2:20:PR*20121228*WQ*366
REF*1K*12345P67890
DTP*472*RD8*20121109-20121109
SE*32*0001
GE*1*236300098
IEA*1*236300098
```

How do I read the 277CA report?

All 277CA Acknowledgments are returned to the entity submitting the claim transaction. If you submit claims using a vendor, that clearinghouse or billing agency will translate the reports and make them available to you. If you submit directly, then you are responsible for translating your own reports. For those without software capable of translating a 277CA, reports are made available on BlueAccess; see section 8.3 Claims Acknowledgement Report for Electronic Submissions (CARES).

8.3 Claims Acknowledgment Report for Electronic Submissions (CARES)

The Claims Acknowledgement Report for Electronic Submission (CARES) is an EDI claim reporting tool available on BlueAccess. With the industry transition to the ANSI Version 5010 277 Claim Acknowledgement (277CA), BCBST recognized the need for a tool that assists providers to obtain this data in a user-friendly format. This resource provides the following capabilities:

•   Accepted / Rejected claim reports
•   Line-of-Business specific searches
•   Subscriber ID searches
•   Report exporting

Any provider who submits electronic claims can use this tool to verify if claims have been accepted or rejected. Data is available one business day after initial processing and is displayed in an easy-to-read format.

After logging into BlueAccess, the CARES tool can be found under the heading "EDI Transaction Tools & Services". Click the link "Claims Acknowledgement Reports for Electronic Submissions (Version 5010)." Here you will be able to search for claims submitted by your provider(s).

9. TRADING PARTNER AGREEMENTS

Trading Partner Agreement Form for Providers
http://www.bcbst.com/providers/ecomm/getting_started/profile_provider.pdf

Trading Partner Agreement Form for Vendors
http://www.bcbst.com/providers/ecomm/getting_started/profile_billing_agent.pdf

10. TRANSACTION SPECIFIC INFORMATION

BCBST accepts multiple types of electronic transactions, below is a brief description of each.

10.1 Health Care Claim: Professional, Institutional, and Dental

The ANSI-837 Version 5010 transactions are used to electronically transfer and exchange health care claim billing and encounter information for the following:

• ANSI Version 5010 837P — (Professional Claims).

• ANSI Version 5010 837I — (Institutional Claims)

• ANSI Version 5010 837D — (Dental Claims)

Example of 837P (Professional Claim)

```
ISA*00*      *00*      *ZZ*123456789   *ZZ*00390     *130116*0146*^*00501*000056817*1*P*:
GS*HC*123456789*00390*20130116*0146*56817*X*005010X222A1
ST*837*000000001*005010X222A1
BHT*0019*00*56817X1*20130116*0146*CH
NM1*41*2*SUBMITTER*****46*123456789
PER*IC*JOE CONTACT*TE*123456789
NM1*40*2*BLUE CROSS BLUE SHIELD OF TN*****46*00390
HL*1**20*1
NM1*85*1*JOE SMITH, M.D.****XX*0123456789
N3*ADDRESS
N4*CITY*ST*12345
REF*EI*123456789
HL*2*1*22*0
SBR*P*18*93949******BL
NM1*IL*1*MARY*MEMBER****MI*ABC123456789
N3*ADDRESS
N4*CITY*ST*123456789
DMG*D8*19990721*M
NM1*PR*2*BC/BS OF TENNESSEE*****PI*00390 PAYER ID 00390
N3*1 CAMERON HILL STE 0002
N4*CHATTANOOGA*TN*374020002
CLM*ADV20314*52***11:B:7*Y*A*Y*Y
HI*BK:2809
LX*1
SV1*HC:80053:QW::::CMP-322000*28*UN*1***1
DTP*472*D8*20110103
REF*6R*257993
SE*32*000000001
GE*1*56817
IEA*1*000056817
```

10.2 Health Care Eligibility Benefit Inquiry and Response

The **270/271 ANSI Version 5010 – Health Care Eligibility Benefit Inquiry and Response** transactions defines a format to electronically transfer health care eligibility and benefit information. These transactions are used by inquiry submitters to determine if an information source organization (i.e., payer) has a particular subscriber and/or dependent health care eligibility and benefit information on file. The data is used to verify an individual's eligibility and benefit information.

For more information about BCBST's implementation of the 270/271 please visit http://bluecore.bcbst.com

10.3 Health Care Claim Status Request and Response

The **276/277 ANSI Version 5010 - Health Care Claim Status Request and Response** transactions defines a format to electronically transfer the subscriber and/or dependent health care claim status information.

For more information about BCBST's implementation of the 276/277 please visit http://bluecore.bcbst.com

11. ELECTRONIC PAYMENT AND ADVICE

11.1 Electronic Funds Transfer (EFT)

The EFT process will allow you to have your payments electronically transferred to your bank account.

What Are The Benefits?
Payments deposited earlier
More secure payment process
Reduce administrative costs
Less paper storage

How Do I Get Started?
1. Complete the Electronic Funds Transfer Enrollment form available on the provider page in the forms section or our website. Attach a copy of a voided check and fax to (423) 535-3066 or (423) 535-7523 or mail to:

BCBST
ATTN: Provider Information Dept. 2.4CH
1 Cameron Hill Circle
Chattanooga, TN 37402

2. You will receive a confirmation letter once EFT setup is complete.

3. If you do not post payments automatically using electronic remittance advices (ERA), you can use BlueAccess to view the paper remittances. These remittance advices are in PDF format and can be saved or printed as necessary.

Note: Once the setup has been completed, paper remittances will no longer be mailed.

Frequently Asked Questions and additional information are located on the Electronic Funds Transfer site.

11.2 Electronic Remittance Advice

BCBST provides Electronic Remittance Advices (ERAs) in the ANSI Version 5010 format. ERA advices are not easily readable while in ANSI Version 5010 format. Contact your software vendor if you would like to know if your software can translate or automatically post account information from the ERA.

Below is an example of an ANSI-835 Version 5010 electronic remittance advice.

```
ISA*00*      *00*       *ZZ*00390       *ZZ*1234567      *130128*0657*^*00501*003338278*0*P*:
GS*HP*00390*1234567*20130128*0037*1*X*005010X221A1
ST*835*0001
BPR*I*15*C*CHK***********20130130
TRN*1*19054413*1620677913
DTM*405*20130130
N1*PR*BCBST
N3*1 Cameron Hill Circle
N4*Chattanooga*TN*37402
PER*BL*eBusiness Service Center*EM*ecomm_techsupport@bcbst.com*TE*4235355717*EX*2
N1*PE*John Doe*K*XX*1234567890
N3*111 First Avenue
N4*Knoxville*TN*37916
REF*TJ*621231123
LX*0
CLP*160971*22*-135*0*0*12*EXTZT0CD7G66*11*1
NM1*QC*1*DOE*SALLY*J
NM1*IL*1*DOE*BOB****MI*ZEB123456789
NM1*74*1***E***C*999631123
REF*CE*BLUE NETWORK P
REF*1L*115598
DTM*050*20121205
SVC*HC:92014*-135*0**0**-1
DTM*472*20121109
CAS*PR*22*-135
REF*6R*1
CLP*160971*2*135*15**12*EXTHT9CD7G01*11*1
NM1*QC*1*MATTHEWS*MATT*M
NM1*IL*1*MATTHEWS*KIM****MI*EQG123456789
NM1*74*1***E***C*912333456
MOA***MA67
REF*F8*EXTPT5CD4G66
REF*CE*BLUE NETWORK P
REF*1L*115598
DTM*050*20121205
AMT*AU*135
SVC*HC:92014*135*15**1
DTM*472*20121109
CAS*OA*23*120
AMT*B6*135
SE*39*0001
GE*1*1
IEA*1*003338278
```

ERA files can be downloaded using the BCBST Secure File Gateway (SFG). For more information on using SFG, please see section 4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS.

Each ERA is placed in the SFG mailbox using the following file naming convention:

Example: 123456789_FAC_201204100101_14152256_835.edi

123456789   = Trading Partner ID

FAC   = Line of business designation (internal use only)

20120410   = File creation date (CCYYMMDD format)

14152256   = File creation time (HHMMSSDD format)

835   = Transaction type (e.g., 835 remittance advice)

.edi   = ERA file extension

Providers should contact their vendor prior to requesting ERAs to ensure their vendor can support translation of the ERA. Detailed ANSI Version 5010 specifications for the ERA are available at www.wpc-edi.com

In addition, providers may view remittance advice information on BlueAccess, the secure area of bcbst.com. The Remittance Advice information will be online PDF versions of provider's paper remits.

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Appendices

1. Checklist
   (Please see Appendix 1 page 33)

2. Business Scenarios
   No Business Scenarios at this time.

3. Transmission Examples
   No additional transmission examples at this time.

4. Frequently Asked Questions
   No FAQs at this time

5. Change Summary
   No changes at this time

Appendix 1
Implementation Checklist

To ensure that you have followed the necessary steps as a Trading Partner of BCBST, use the checklist below:

☐   Read, become familiar with, and share the Trading Partner Agreement with your legal advisor and staff before you begin transmitting claims to determine if you will be able to meet the conditions and requirements. (Refer to **9. Trading Partner Agreement**)

☐   Share the eBusiness User Companion Guide with your internal programming staff or systems vendor.

☐   Decide upon the electronic claim submission method-- direct or indirect submission. Verify with your clearinghouse or software vendor that their system or software is capable of submitting claims in ANSI-837 Version 5010. (Refer to **2.1 Electronic Filing Options**)

☐   Select your communication protocol from the listing in **4. Connectivity With The Payer.**

☐   Understand the process that occurs when submitting claims files to our adjudication system by reviewing **4.1 Process Flows.** You also need to review **8. Acknowledgement and Reports** to understand the reports you will be responsible for reviewing after each claim submission.

☐   Discuss with your software vendor, clearinghouse, or billing service, their ability to retrieve and interpret the BCBST response reports from the ANSI-837 claim submission. (Refer to **8. Acknowledgement and Reports**)

☐   Complete the applicable Trading Partner Agreement in **2.2 Trading Partner Registration.** This is required prior to being able to exchange EDI data with BCBST.

☐   Once trading partner registration is complete, a confirmation of registration will be mailed. Direct submitters will receive a user ID and password for SFG and should become familiar with **4. Connectivity With The Payer.**